

EXHIBIT "B"

FORM 509
(490)

FORM 10. PROOF OF CLAIM

United States Bankruptcy Court Northern District of Texas		PROOF OF CLAIM
In re (Name of Debtor) National Gypsum Company a/k/a Gold Bond Building Products		Case Number 390-372-13-SAF-11
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "Request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 303.		
Name of Creditor <i>(The person to whom the debtor owes money or property)</i> 11 Park Place Associates	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address Where Notice Should be Sent: c/o Julien & Schlesinger, P.C. 150 William Street New York, New York 10038 Telephone No. (212) 962-8020		
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends } a previously filed claim, dated _____	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly) Property Damage		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (dd/mm) (dd/mm)		
2. DATE DEBT WAS INCURRED July 1, 1987	3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.		
□ SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of attorney and other charges included in secured claim above, if any \$ _____		
□ UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$ 2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$ 600 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(5) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other - 11 U.S.C. §§ 507(a)(2), (a)(8) - (Describe briefly)		
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ <u>30,000,000.00</u> \$ _____ (Secured) \$ _____ (Priority) \$ <u>30,000,000.00</u> (Total) <input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach detailed statement of all additional charges.		
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. Verified Complaint		
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <i>June 18, 1992</i>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <i>Julien & Schlesinger, P.C.</i>	

Penalty for presenting fraudulent claims: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 11 U.S.C. §§ 132 and 3671.

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JUN 29 1992
 UNITED STATES BANKRUPTCY COURT
 NORTHERN DISTRICT OF TEXAS
 CLERK'S OFFICE
 THIS SPACE IS FOR COURT USE ONLY